

RPOA, RPOA Supervisory, & RPAA

2009 Rate Sheet

Calculation of your Monthly Insurance Costs:

1. Select the Applicable City Contribution

* If you are selecting different coverage types for health & dental, use the greater of the two.

2. Deduct Combined Medical and/or Dental Plan Cost (All medical plan costs include VSP rates)

3. Remaining Balance Equals Monthly Cost to Employee

* Divide your monthly cost by 2, to calculate your bi-weekly deduction.

Coverage Type	City Contribution (1)
Single	\$480.00
2-Party	\$850.00
Family	\$1,122.00

Plan (2)	Employee Only	Employee + 1 dependent	Employee + 2 or more dependents
	Full Time	Full Time	Full Time
Anthem Blue Cross PPO	\$636.06	\$1,268.34	\$1,622.04
Anthem Blue Cross HMO Preferred (High)	\$388.68	\$782.78	\$1,085.06
Anthem Blue Cross HMO Standard (Midway)	\$375.70	\$756.52	\$1,048.80
Anthem Blue Cross HMO Value (Low)	\$337.30	\$678.50	\$940.64
Kaiser Preferred (High)	\$416.67	\$783.72	\$1,051.97
Kaiser Standard (Midway)	\$365.33	\$705.36	\$904.08
Kaiser Value (Low)	\$330.29	\$637.38	\$864.96
Delta Dental DPO	\$57.52	\$104.40	\$147.00
DeltaCare (DHMO)	\$18.58	\$28.18	\$41.92
Local Dental Advantage	\$57.52	\$104.40	\$147.00

Example

Plan	Employee Cost (3)
Kaiser Value - Family	\$864.96
DeltaCare - Family	\$41.92
TOTAL COST	\$906.88
Monthly Cost to Employee	\$00.00